NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: $15.00 per copy or No Record Certification.
Make money order or check payable to New York State Department of Health. Please do not send cash or stamps.

Send to: New York State Department of Health
Vital Records Section
Empire State Plaza
Albany, NY 12237-0223

PLEASE PRINT OR TYPE

Name of Deceased: First Middle Last	Date of Death or Period to be Covered by Search:	
Name of Father of Deceased: First Middle Last	Social Security Number of Deceased:	
Maiden Name of Mother of Deceased: First Middle Last	Date of Birth of Deceased: Month Day Year	Age at Death:
Place of Death: Name of Hospital or Street Address Village, town or city County		
Number of Copies Requested:	Enter Death No. If Known _____ Enter Local Registration No. If Known _____	
Purpose for Which Record Is Required:		

What is your relationship to person whose record is required?_____

In what capacity are you acting?_____

If attorney, name and relationship of your client to deceased_____

Signature of Applicant _____ Date_____

Address of Applicant _____

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name_____

Address_____

City _____ State _____ Zip _____